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Borough of Royal Leamington Spa.

Report

OF

School Medical Officer

FOR

1913.

Leamington Spa:
COURIER LIMITED, PRINTERS, CHURCH WALK.

Leamington Spa Education Committee.

REPORT

OF

SCHOOL MEDICAL OFFICER

FOR 1913.

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School Nurse	Lucy E. Pierce.
Clerk	G. H. Hammond.
School Medical Officer	H. Gibbons Ward, M.D., Ch.B., D.P.H.

Public Health Department,
Hamilton Terrace,
March 20th, 1914.

TO THE CHAIRMAN AND MEMBERS OF THE LEAMINGTON SPA EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

I beg to present to you the report on the Medical Inspection of Elementary School Children for the year 1913.

One of the most important additions to our scheme of inspection has been the inclusion of a further Age-group for examination; for this purpose Age 7 was adopted. The necessity for altering the age of this group to 8 years is explained in the Report.

The grant of money by the National Exchequer to Local Authorities for purposes of Medical Inspection of School Children is referred to. Whilst this Report was in preparation, we were informed that the sum of £52 had been allotted to this Authority for work done during the year ending March 31st, 1914.

I have taken the opportunity here afforded to show the urgency and necessity for some scheme of Treatment of Minor Ailments being adopted by your Committee, and have every hope that this will be sympathetically considered.

The necessity for the provision of means for the cleansing of Verminous Children is discussed at some length, and knowing, as I do, the feeling of the Committee in this matter, I do not doubt that our work in endeavouring to stamp out this disgusting plague of Uncleanliness will receive every encouragement.

In conclusion, I would like to express my thanks to Mr. Rawlinson for much kindly assistance; also to Mr. Mellows and his staff. My thanks are due to the Teaching Staffs of the various Schools for their ready help. without which our work would be often unfruitful, and in many instances impossible; also to the School Nurse, the Medical Inspection Clerk, and the School Attendance Officer for their loyal co-operation.

I tender my thanks to you, Ladies and Gentlemen, for your consideration and kindness to me at all times.

I am,
Your obedient Servant,
H. GIBBONS WARD.

REPORT OF SCHOOL MEDICAL OFFICER FOR 1913.

The total area of the Borough of Royal Leamington Spa is 2,816 acres, divided up as follows:—Leamington Priors, 1,594 acres; New Milverton and Lillington, 691 and 531 acres respectively. The population at the 1911 Census was 26,713, and was estimated at 26,671 at the middle of 1913.

NUMBER OF CHILDREN IN AVERAGE ATTENDANCE, four weeks ending NOV. 7th, 1913.

TABLE I.

NON-PROVIDED SCHOOLS.

No.	Name of School.	Average Attendance.	Percentage
1	Bath Place (C. of E.) Mixed	249	93
	,, Infants	81	82
2	Lillington (C. of E.) Mixed	69	97
	,, Infants	30	88
3	Wesleyan, Mixed	131	96
4	St. Paul's (C. of E.) Mixed	180	92
	,, Infants	83	93
5	St. Peter's (R.C.) Boys	86	93
6	,, Girls	120	92
	,, Infants	98	92
		1127	91·8

TABLE II.

PROVIDED SCHOOLS

7	Clapham Terrace, Mixed	376	92
	,, Infants	169	78
8	Leicester Street, Boys	216	92
	,, Girls	229	91
	,, Infants	172	82
9	Milverton, Mixed	299	91
	,, Infants	106	94
10	Shrubland Street, Boys	215	94
	,, Girls	224	90
	,, Infants	154	74
		2160	87·8

There are 10 Public Elementary Schools with 20 Departments. Of these, 6 Schools with 10 Departments are Non-Provided.

THE LEAMINGTON SPA ELEMENTARY SCHOOLS.

There is no marked alteration to report in the structural condition of the School premises under the control of this Authority.

It is satisfactory to note that the Authority has continued the scheme for the removal of galleries in the class-rooms. The disadvantages of these structures were referred to in my report for the year 1912. Arrangements have been made for the removal of the gallery in the Leicester Street Girls' School.

The provision of further exits in case of fire from the Leicester Street and Shrubland Street Boys' and Girls'

Schools has engaged attention, and tenders have been let for the carrying out of this work.

The better lighting of the Provided Schools has been under consideration, and instructions given for new lighting schemes to be prepared. This will be a much needed improvement, both from the point of view of economy in gas consumption and also more efficient lighting.

During the past year the drainage systems at Clapham Terrace and Shrubland Street Schools were tested by the Health Department, when it was found that they were not satisfactory, the defect being that the rainwater downspouts were in some cases acting as drain ventilators. This was the more serious in that the upper openings of these spouts were, in certain instances, below the tops of windows opening into the classrooms. A report was made to the Education Committee on these lines, and the necessary work has been carried out. In view of the finding of these defects, I am of the opinion that the testing of School drainage systems should be carried out at regular intervals. The Law demands that children at the most susceptible age shall attend school, and as that is the case, the conditions under which they spend so much time daily should be made as conducive to health as possible.

THE SCHEME OF MEDICAL INSPECTION.

The Scheme, as outlined in my report for 1912, has been in force during the past year, and has given universal satisfaction. There has certainly been no complaint from the Teaching Staff on account of increased work; on the other hand, the greatest interest has been evinced in the new arrangement. Early in the year your Medical Officer had the opportunity, which he much appreciated, of meeting the Teachers, and explaining to them in person the proposed changes; this has undoubtedly added to the smoothness of working.

Special metal cabinets have been purchased, and one has been supplied to each School Department, so that each School is now keeping the schedule cards belonging to its own scholars, and reference can be made immediately with the greatest ease to the card of any child whose physical condition or medical history it is desirable to ascertain.

In the last report it was mentioned that children of an intermediate age would be examined during 1913. This has been done, Age 7—8 being selected, so that the present report refers to this group as well as to those previously examined, namely, Entrants (Age 3, 4, and 5), and Leavers (Age 13). The additional work has been considerable, something like 200 children having been added to our total, but I think this is outweighed by the fact that the long period of 7 years, which formerly elapsed between the two inspections, is now divided up, and thereby defects may be the more easily recognised and checked at the outset.

The year 1913 has been specially notable, in that the Board of Education has for the first time been enabled to promise Grants in aid of the cost of Medical Inspection, as well as Medical Treatment. Previous to this, Grants have only been payable for Medical Treatment of School Children and work ancillary thereto, but according to Circular 823 of August 18th, 1913, the promise of money for both purposes is made. Other parts of this Circular are of great interest, because they will modify very considerably our scheme of Medical Inspection. It is to be hoped that this will be the last re-arrangement of Age Groups for some little time to come. The changes either made or forecasted are as follows:—Leavers are defined as " all children between 12 and 13 years of age, together with children over 13 years of age, who have not already been examined after reaching the age of 12." This replaces the old definition of " all children expected to leave school within the year."

In a further paragraph the following statement is made:—" For the year beginning on the 1st of April, 1915, and subsequent years, it will be required that provision shall be made for the Medical Inspection of all children between 8 and 9 years of age, as well as for the group of Entrants and the group of children between 12 and 13 years of age."

As mentioned above, these regulations will necessitate considerable alterations in our Scheme, and will for the coming year confuse the arrangements somewhat.

Dealing first with the new definition of Leavers, it is obvious that the children who would normally have been examined in 1914 under the old arrangement as Leavers (Age 13) will have to be inspected, as well as those who attain the age of 12 previous to the Inspection. This will entail considerable extra work; will, in fact, double our number of Leavers to be examined.

On the other hand, the children who reach Age 8 previous to the Inspection in 1914, will most of them have been examined in 1913 as Age 7. It would, therefore, be somewhat redundant to examine them again in 1914 as Age 8. The most satisfactory solution of the difficulty would be to examine during 1914 all children Age 12 and 13, and all those Age 8 who have not been examined since they were so done as Entrants. By this means the beginning of 1915 will see the balance redressed, and the new Scheme can then go forward without further hitch.

The Inspections have been carried out on School premises in all cases. In most instances this arrangement has been quite satisfactory, as it was possible to utilise the Teachers' Room. At St. Peter's Girls' and St. Paul's this was not possible, since there is no Teachers' Room, and therefore it was necessary in the one case to make use of the Cloakroom, and in the other to occupy a Classroom. The non-provision of a Teachers' Room can perhaps be understood in an old school such as St. Peter's Girls', but it is difficult to understand the lack of provision for such a necessary convenience at a newly-reconstructed school, such as St. Paul's.

The Testing of Hearing has, as usual, been carried on under considerable difficulties. These difficulties are, I fear, inherent in the use of School premises for the purpose, especially when the Forced Whisper Test is used, as is the rule in our inspections.

Table III.

NUMBER OF CHILDREN EXAMINED IN 1913 AT VARIOUS AGES.—BOYS.

Age.	3	4	5	6	7	8	9	10	11	12	13	14	Tls.
Clapham Ter...	12	27	16	—	18	—	—	—	—	—	28	—	101
Leicester Street	5	17	15	2	24	3	—	—	—	2	19	1	88
Milverton ...	—	4	21	2	18	—	—	—	—	1	14	6	66
Shrubland St...	5	8	13	—	26	—	—	—	—	—	33	2	87
Bath Pl'c (C.E.)	2	7	13	8	10	—	—	—	—	—	12	—	52
St. Paul's (C.E.)	6	3	7	1	14	—	—	—	—	—	12	—	43
St. Peter's (R.C.)	2	2	17	1	9	1	—	—	—	1	17	4	54
Wesleyan ...	—	—	—	—	—	—	—	—	—	—	6	—	6
Lillington (C.E.)	2	5	6	1	6	—	—	—	—	—	3	—	23
Totals ...	34	73	108	15	125	4	—	—	—	4	144	13	520

TABLE IV.

NUMBER OF CHILDREN EXAMINED IN 1913 AT VARIOUS AGES.—GIRLS

AGE	3	4	5	6	7	8	9	10	11	12	13	14	Tls.
Clapham Ter...	8	20	16	—	31	—	—	—	—	—	28	1	104
Leicester Street	5	9	26	2	20	1	—	—	—	2	29	2	96
Milverton ...	1	12	18	—	10	—	—	—	—	—	12	4	57
Shrubland St...	6	4	15	—	41	—	—	—	—	—	29	2	97
Bath Pl'c (C.E.)	2	4	5	5	17	—	—	—	—	—	22	1	56
St, Paul's (C.E.)	4	5	7	3	9	—	—	—	—	—	15	—	43
St. Peter's (R.C)	1	11	9	—	25	—	—	—	—	—	11	—	57
Wesleyan ...	—	—	—	—	5	—	—	—	—	—	12	—	17
Lillington (C.E.)	2	5	5	—	8	—	—	—	—	1	3	—	24
Totals ...	29	70	101	10	166	1	—	—	—	3	161	10	551

The above Tables (III. and IV.) differ considerably from those for 1912. In the first place, it may be noted that the children examined are practically confined to the ages included in the terms Entrants, Age 7, and Leavers. An endeavour has been made to adhere closely to these ages during the past year, as any other method will result in confusion at a later date.

The numbers are considerably larger than those of 1912. This may be accounted for in two ways: firstly, the inclusion of an intermediate group of Age 7, and secondly, from the fact that all the Schools have been examined during the past year. This was not the case during 1912, for the reasons mentioned in the Report for that year.

TABLE V.

PREVIOUS DISEASES OF CHILDREN.

	Entrants.		Age 7.		Leavers.		Total.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	
INFECTIOUS DISEASES:–							
Measles	78	55	34	58	80	116	421
Whooping Cough	48	38	19	31	29	53	218
Chicken Pox ...	17	16	16	15	12	40	116
Mumps	2	1	1	2	17	37	60
Diphtheria... ...	1	2	—	1	—	4	8
Scarlet Fever ...	6	5	2	3	16	21	53
Influenza	—	—	—	—	3	2	5
Rheumatism ...	—	—	1	—	2	2	5
Tonsillitis	—	—	—	—	—	1	1
Ringworm	—	—	2	3	4	2	11
German Measles	1	1	—	—	1	1	4
Tuberculosis ...	—	—	—	—	2	1	3
LUNG DISEASES:—							
Pneumonia... ...	1	1	—	2	—	6	9
Bronchitis	—	2	—	4	3	4	13
MISCELLANEOUS:—							
Jaundice	—	—	—	1	2	2	5
Paralysis ...	—	1	—	—	—	—	1
Hernia	—	—	—	—	1	—	1
Meningitis ...	—	—	—	—	—	1	1

PREVIOUS DISEASES OF CHILDREN.

Table V. presents the figures relating to these conditions in the same form as before.

In considering these statistics, one or two points must be kept in mind: firstly, that the parents undoubtedly forget the incidence of certain diseases amongst their children, and secondly, that their nomenclature for diseases is often wrong, not to say somewhat strange.

With reference to the first source of error, one can do nothing, and this Table is bound to be the poorer for the want of correct information of this kind. It is possible, however, to correct to some extent the second source of error, and an endeavour has been made, by means of close enquiry, to rightly place some of the diseases which have been incorrectly named.

It may be stated, therefore, that any errors are mainly those of omission, and that the number of cases of each disease shown has actually occurred amongst the children examined.

As before, and in fact as one would expect, Measles shows the greatest incidence, 39.3 per cent. of the children having been subject to this disease; also the percentage grows according to the increase in age, being 32.0, 32.7, and 64.3 for Entrants, Age 7, and Leavers respectively.

Whooping Cough shows an incidence of 2.3 per cent., Chicken Pox 10.8 per cent., and Mumps 5.5 per cent. Of the Notifiable Infectious Diseases, Diphtheria is recorded in .7 per cent. of the children, and Scarlet Fever in 4.9 per cent. The comparatively large percentage of cases of Scarlet Fever is due, to a large extent, to the occurrence of a somewhat extensive epidemic during the year under review.

Any further comment on this Table would, I think, be inadvisable, having regard to the facts mentioned above.

CLOTHING AND FOOT-GEAR.

The proportion of Children amongst the 1,071 examined in Leamington Spa during 1913, whose clothing or foot-gear was poor or very bad was 6.3 per cent. Only one child was found to be markedly ill-clad, whilst 67 were noted as having clothes in such a poor condition or of such insufficiency as to demand our intervention. The rest of the children, constituting nearly 93 per cent. of all those inspected, were reasonably well-clad for the weather conditions then prevailing; of these 60 per cent. were absolutely satisfactory, and the other 33 per cent. were sufficient, though in some cases perhaps a little ragged. In considering this statement, one must take into account the climatic conditions at the time of inspection. In those schools where the inspection was carried out during the summer months the clothing of the children would in most cases be quite sufficient; that same clothing, however, would be absolutely insufficient in the winter months. This is of importance, because in many cases the children only have the same amount of clothing at both seasons.

It is possible to compare with some accuracy the clothing conditions found at the various Schools. St. Peter's was by far the worst, as 22 children, or 20 per cent. of all those examined, were found to be insufficiently clad; there was also one child who was grossly underclad. Clapham Terrace was next worst with 17, or 8.4 per cent; then St. Paul's with 5, or 5.9 per cent. At the Wesleyan School no children were found so badly clothed as to require special mention.

Table VI.

AVERAGE HEIGHT IN INCHES.

Age.	3		4		5		7		13	
Sex.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Leamington Spa Average ...	**37·5**	**37·2**	**39·6**	**39·2**	**42·1**	**41·5**	**46·0**	**45·9**	**57·4**	**58·4**
Clapham Terrace	37 0	37·5	39·5	38·8	42·0	42·2	45·7	44·9	58·3	57·1
Leicester Street	37·2	38·6	39·2	38·3	43·3	42 6	47·3	47·1	56·8	56·9
Milverton ...	—	37·0	40·4	40·0	42·2	41 2	46·6	49·0	58·9	57·4
Shrubland Street	37·4	36·0	40·7	41·0	42·8	41·1	45·9	44·3	56·8	59·1
Lillington (C.E.)	37·5	37·5	41·0	40·2	41·6	42·8	45·8	47·2	59·0	61·0
Bath Place (C.E.)	37·5	37·5	40·0	39·5	42·8	34·0	43·9	47·0	58·4	58·8
St. Paul's (C.E.)	38·3	38·2	41·0	39·6	41·1	42·2	45·9	45·6	57·0	58·8
St. Peter's (R.C.)	38.5	34·0	35·5	38·8	40·3	40·6	46·0	45·0	55:3	57·9
Wesleyan ...	—	—	—	—	—	—	—	45·8	58·6	59·6

Table VII.

AVERAGE WEIGHT IN POUNDS.

Age.	3		4		5		7		13	
Sex.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Leamington Spa Average ...	**33·4**	**33·2**	**36·7**	**34·8**	**39·2**	**38·6**	**46·4**	**46·1**	**75·9**	**80·6**
Clapham Terrace	33·0	32·5	36·3	34·0	39·5	38·1	45·6	45·1	78·2	81·0
Leicester Street	31·2	34·8	36·1	33·2	40·3	39·4	47·2	47·2	73·6	81·9
Milverton ...	—	33·0	37·8	36·2	40·5	39·8	48·0	50·4	76·4	77·0
Shrubland Street	34·0	33·0	38·1	43·5	42·2	40·1	45·7	46 0	74 8	81·5
Lillington (C.E.)	34·0	31·0	36·8	35·8	38·0	39·0	44·5	47·2	82·0	90·3
Bath Place (C.E.)	31·0	33·5	36·0	34·0	38·5	31·8	44·0	48·8	79·8	76·8
St. Paul's (C.E.)	36·3	35·7	38·6	31·2	39·2	37·8	46·8	45·2	72·5	81·0
St. Peter's (R.C.)	30·5	28·0	32·0	33·6	35·7	36·4	46·1	46·3	74·8	71·1
Wesleyan ...	—	—	—	—	—	—	—	47·0	78·8	88·9

Table VIII.

AVERAGE CHEST MEASUREMENTS IN INCHES.

Age.	3		4		5		7		13	
Sex.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Leamington Spa Average ...	**20·0**	**19·6**	**20·4**	**20·1**	**21·0**	**20·7**	**22·5**	**21·8**	**26·8**	**26·8**
Clapham Terrace	20·0	19·1	20·2	19·7	22·8	20·1	22·2	21·2	26·6	26·7
Leicester Street	20·0	19·6	20·8	20·1	21·3	20·9	23·2	21·6	27·0	26·3
Milverton ...	—	19·0	21·2	21·1	21·8	21·0	22·4	22·1	27·2	27·1
Shrubland Street	20·0	20·3	20·7	20·0	21·3	21·0	22·0	21·7	26·3	27·2
Lillington (C.E.)	20·0	19·5	20·4	20·2	20·1	20·6	21·5	21·5	27·6	28·3
Bath Place (C.E.)	19·5	20·5	20·2	19·5	20·7	20·4	22·8	22·6	27·3	26·2
St. Paul's (C.E).	20·5	20·0	20·0	19·8	20·4	20·0	23·1	22·0	26·1	26·6
St. Peter's (R.C.)	19·5	18·0	20·5	20·0	20·6	20·6	22·2	21·7	26·7	25·8
Wesleyan ...	—	—	—	—	—	—	—	22·6	26·8	28·2

HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

The above Tables (VI., VII., and VIII.) give the averages of these conditions at the various Schools in the age-groups examined. Height and weight are invariably ascertained without boots.

Chest measurements in Entrants are taken whilst the chest is at rest as nearly as possible, but in the other two Age groups two measurements are taken in each case, one at full inspiration, and one at full expiration, and the mean of these two is the figure from which the above averages are found. This method, I consider, gives a more accurate result than that obtained by taking a single measurement, irrespective of the expanded or contracted condition of the child's chest.

As one would have expected, having regard to the home conditions of the children, St. Peter's School shows the largest number of children who are poorly developed. In only four instances does the average of any of the measurements or weights of the children in this School equal or surpass the average for the whole of the Leamington Spa children examined; in most of the cases it is very considerably less.

Clapham Terrace School shows the next largest number of children below the average. At this School only in eight instances have the averages been higher than those for the whole of the children examined.

Ignoring the Wesleyan School, where the number of children examined was so small that the averages are of little use, Milverton School shows the most satisfactory proportion of children of average physique. This again corroborates the above statement as to the influence of home surroundings on the physique of the children.

UNCLEANLINESS AND VERMINOUS CONDITIONS.

In this section of the Report, only the conditions found at the routine Medical Inspection of the children is dealt with; the results of the surprise visits of the School Nurse to the Schools are given in a later section. It is important to note this, because the parents, having notice of the Annual Medical Inspection, no doubt make special efforts towards cleanliness; whereas the Nurse's surprise visits, being made without notice, a more normal state of affairs is found, or, to put it plainly, more verminous children are found.

I propose to deal separately with head conditions and body conditions, though as may be imagined the two very often exist together.

Head Conditions.

It may be as well to first define the terms used, as for the sake of brevity I propose to employ the method used in the recording of results during the actual inspection. In making the records the Roman numerals I. to IV. are used, denoting the following conditions:—

I. ... Nits, Lice, and Scabs.
II. ... Few Lice and Nits.
III. ... Nits only.
IV. ... Quite clean.

The results for all the children examined were as follows:—

	Boys.					Girls.			
	I.	II.	III.	IV.		I.	II.	III.	IV.
Numbers	4	29	151	336	...	5	33	150	363
Percent.	.7	5.5	29.1	64.7	...	.9	6.0	27.3	65.8

A comparison of the various Schools is of interest, and if this is made, it is found that amongst the Boys St. Peter's holds the worst position, 18.9 per cent. of the children having vermin in their heads to some degree; amongst the Girls, St. Paul's shows the largest number, 13.9 per cent., followed by St. Peter's with 10.4 per cent.

St. Peter's also holds the most undesirable position with respect to heads showing Nits only, Boys 45.0 per cent., Girls 52.7 per cent., followed by Clapham Terrace, Boys 40.0 per cent., Girls 36.5 per cent., and Shrubland Street, Boys 34.9 per cent., Girls 29.2 per cent.

BODY CONDITIONS.

The definition of the values of the figures used is as follows:—

I. ... Lice and Dirt.
II. ... Vermin Bites and Dirt.
III. ... Dirt.
IV. ... Quite clean.

The following Table shows the results of the examination of the whole of the children inspected during the past year:—

	Boys.					Girls.			
	I.	II.	III.	IV.		I.	II.	III.	IV.
Numbers	1	37	154	328	...	2	19	164	366
Percent.	.2	7.1	29.6	63.1	...	.3	3.4	29.8	66.5

As regards the presence of actual vermin, Shrubland Street and Clapham Terrace are the only schools which show any cases, but in these instances this condition is due to one family in each case, and both are well-known to the Authority. On the other hand, taking the evidence of recent verminous conditions, *i.e.*, by noting the presence of vermin bites, one finds that St. Peter's again holds the worst position, Boys 17.0 per cent. and Girls 8.7 per cent.; followed by Clapham Terrace, Boys 6 per cent., Girls 5.7 per cent., and Leicester Street, Boys 8.1 per cent., Girls 2.1 per cent.

Dealing with the numbers of children classified under heading III., which has been designated "lack of soap and water cleanliness," St. Peter's is again worst with Boys 49.1 per cent. and Girls 59.7 per cent. in this condition; followed by Clapham Terrace with Boys 43.0 per cent. and Girls 33.5 per cent., then Shrubland Street, Boys 34.7 per cent. and Girls 35.5 per cent.

From these statistics, it will be seen that the question of verminous conditions and uncleanliness is a serious one. It would be thought that in such a fine town as Royal Leamington Spa the conditions would be conducive to a better state of affairs; but I am forced to the conclusion that, until the Authority takes a firm stand in this matter and supplies the necessary means for cleansing these children, we shall still continue in the same way. Inspection is useful, but it cannot be of full benefit until it is seconded by some scheme for compulsory cleansing. It is satisfactory to note that the Committee are considering this matter sympathetically, with a view to providing the facilities above-mentioned.

NUTRITION.

The question of establishing a standard method of estimating nutrition is the subject of considerable discussion at present, and has been referred to on several occasions in the Annual Report of the Medical Officer to the Board of Education.

Many schemes have been suggested for calculating a Nutritional Index, depending on the relationship of Height and Weight, but as a rule, owing no doubt in some cases to the intricate nature of the calculations necessary, the personal estimation of nutrition by each Medical Officer, unsatisfactory as this may be, has remained the sole method in use. For this reason, comparison between the figures given by different Medical Officers has been found of very little value.

68 children were found to be below the average in nutrition; this is a percentage of 6.35. Compared with last year this proportion is large, but is a more accurate statement of the nutritional condition of our school children.

More satisfactory it is to note that 55 children, or 5.13 per cent., were above the average in nutrition.

DEFECTIVE TEETH.

Owing to the greater number of children examined in 1913, one is able to gain a much more satisfactory idea of the dental conditions amongst the children in our schools than was formerly possible.

The statistics that have been obtained during the past year only serve to emphasise the serious nature of the defects, and the necessity for further action being taken. The figures here given must of necessity understate considerably the number of children affected, as one cannot without the aid of dental mirror and probe hope to see the defects in some of the teeth.

The number of children found with carious teeth was 696, or 64.8 per cent. of all examined. This is practically the same proportion as in 1912, when it was 64.3 per cent.

Further analysis gives results as shown tabulated below:

Temporary Teeth.		Permanent Teeth.	
Less than 4 carious.	4 or more carious.	Less than 4 carious.	4 or more carious.
309 or 28.8 %	153 or 14.5 %	183 or 17.1 %	51 or 4.7 %

The above percentages are, however, very misleading, for the following reason: they are calculated on the basis of all the children examined, whereas it is obvious that to include Entrants among the total where one is considering permanent teeth is wrong; the same also applies to practically all children belonging to the Age 7 Group. Conversely the basis for calculation of percentages of Carious Temporary teeth is more truly found by excluding the children of the Leaver Group.

In dealing with the proportion of children suffering from Carious Permanent teeth, considerably the most important of the two, I have shown below the number of cases and percentages, with reference to the Leaver Group only. These figures show a more accurate and a considerably more unsatisfactory state of affairs; one finds that out of the 335 Leavers, 234 or 69.8 per cent. had Carious Permanent teeth, and of these 51 or 15.4 per cent. had more than 4 teeth in this condition. A further analysis of these figures is given below:—

CARIOUS PERMANENT TEETH-LEAVERS.

Less than 4 carious.		4 or more carious.	
Boys.	Girls.	Boys.	Girls.
92 or 27.4%	91 or 27.2%	25 or 7.5%	20 or 7.7%
Total, 183 or 54.6 per cent.		Total, 51 or 15.2 per cent.	

One may with advantage consider these figures further, when one finds that, by taking the Boys alone, there are 72.7 per cent. with Carious Permanent teeth, and of these 15.5 per cent. have more than 4 Carious. Amongst the Girls the percentages are 67.2 and 14.9 respectively. In other words, the mouths of 15.5 per cent. of the Boys and 14.9 per cent. of the Girls are in such a state of Sepsis that they are in urgent need of attention, and practically another 70 per cent. are approaching the same undesirable condition.

The relation of Dental Caries and the resultant Oral Sepsis to various diseases such as Digestive Troubles, Enlarged Tonsils, Enlarged and Tuberculous Cervical Glands, and General Septic Absorption with consequent Debility and Malnutrition, has engaged much attention of late years, the more so since the routine inspection of school children has shown the widespread prevalence of the condition.

The necessity for further action is the more urgent in that most parents fail absolutely to realise the importance of remedial measures; I say fail to recognise, though there is not the slightest doubt that, even if they did realise it, the facilities for treatment are not such as to be within the reach of most families. I propose, however, to consider this question later on in the Report, when the question of Treatment is discussed.

In all cases where teeth were either septic or there were more than four carious, a notice was sent to the parents advising treatment, and warning them of the dangers attending the presence of Decayed Teeth.

ENLARGED TONSILS AND ADENOIDS.

With the better facilities available during the past year it has been possible to get more satisfactory statistics with regard to these conditions.

Expressed in tabular form, the number of cases found is as follows:—

Tonsils Enlarged.	Adenoids.	Tonsils & Adenoids.
18 or 1.7 per cent.	13 or 1.2 per cent.	22 or 2.0 per cent.

Besides these cases, there were 94 children or 8.2 per cent. who had slight Tonsillar Enlargement, and also 20 or 1.8 per cent. in whom the presence of Adenoids was suspected, but who did not show sufficient symptoms for action to be taken.

Including all cases of Respiratory Obstruction, whether slight or severe, Milverton School had 31 cases or 25.2 per cent., and also showed by far the largest percentage of severe obstructive trouble; next followed the Wesleyan and Lillington Schools, but both of these may be quite properly disregarded as the number of children examined was so few. Shrubland Street with 29 cases or 15.7 per cent., and Clapham Terrace with 32 or 15.6 per cent., came next in order; then followed Leicester Street, St. Peter's, St. Paul's, and Bath Place (C. of E.), the latter having 12 cases or 11.1 per cent.

I do not think that these figures are of much importance for purposes of comparison between the various schools. It would, I think, be necessary to take the values for several years before being able to get a satisfactory comparison. For this reason, I do not propose to comment on the figures given above, save to remark that the number of cases at Milverton

Schools is very large, and it will be interesting to note whether this high percentage is maintained in future years.

At the risk of being accused of repetition, I think it will be well to again draw the attention of the Teachers to the importance of each child bringing a handkerchief to school; this is insisted on in some of the schools with beneficial results. Children seen in such large number with nostrils raw and excoriated are in most cases suffering from the want of attention of this sort, and this objectionable condition could be prevented in most cases if the provision and use of a handkerchief were insisted on. This provision is not merely a refinement, it is a necessity.

ENLARGED SUB-MAXILLARY AND CERVICAL GLANDS.

The presence of enlarged Cervical Glands is very common; the reasons for this were mentioned in my last report. It may, however, be explained again here that, as a rule, the enlargement is not a disease in itself, but is the symptom of disease in an adjacent part. This is of interest in that it would lead one to the conclusion that the removal of the causative trouble would result in the disappearance of the glandular enlargement. This supposition is in many cases true, but there is no doubt that the glands in many cases have been subjected to such continuous irritation as to lead to permanent enlargement, if not to the onset of a tuberculous condition.

592 children had enlarged glands; this represents 55 per cent. of the total number examined, but by far the greater part of these, 549 or 51 per cent., showed only a very inconsiderable enlargement. The other 43 or 4 per cent. had a more marked condition, and necessitated special attention being given to them. An attempt was made to find the cause of the trouble in all cases, and if at all possible the original source of irritation was removed.

SPEECH.

14 cases of Defective Speech were recorded in routine inspection. Of these 5 were of Nasal character, and in each one there were marked evidences of Tonsils and Adenoids.

The parents of these children were advised to seek treatment for them.

2 children lisped, 1 stammered, and there were two cases where the speech was slow and halting.

In 4 cases the speech was most defective, and in all these the child was mentally deficient. In all some improvement had been noticed, but there was one rather hopeless case of a girl aged 14 years; here it seemed as if little improvement could be expected.

DEAFNESS AND EAR DISEASE.

Defective Hearing was found in 27 children; this represents 2.52 per cent. The trouble was solely mechanical in 12 cases, being due to the presence of wax in the External Auditory Meatus; this defect was easily remedied.

Several of the cases of Deafness were associated with the presence of Tonsils and Adenoids, and improved after suitable treatment had been carried out, but the remainder, 8 in number, were suffering or had suffered from Otorrhoea. If the Otorrhoea was still existent, treatment was easily obtained and was carried out, but where the disease was of old standing, and every effort had been made to obtain relief, the only thing that one could suggest was that the child should be put at the front of the class so as to have the maximum advantage possible from position.

The method used in testing the Acuity of hearing was described in my last Report, so needs no further explanation.

10 children or .93 per cent. had a purulent discharge either from one or both ears. They were excluded from school and an attempt made to secure treatment for them by constant supervision and visits to the parents. In most cases this was successful, but at the same time one cannot help but deplore the attitude of many parents towards this condition, the idea seems to be that it is of little or no importance and will pursue its course to a natural cure. Undoubtedly this does occur in many cases, though often resulting in impaired hearing. On the other hand, such a favourable result as this cannot always be hoped for, and there is the very serious

danger that the inflammatory process may attack more vital structures with the certainty of most serious if not fatal results.

DEFECTS OF VISION.

The following Table gives the number of children with defective sight; the worst eye only is mentioned in each case. In explanation, it is only necessary to say that the acuity of vision is expressed as a fraction, $\frac{6}{6}$ indicating normal sight, and $\frac{6}{60}$ such vision as could only see letters at 6 metres which should normally be seen at 60 metres; the other fractions express various defects in between these two extremes.

	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	Totals.
Boys ...	36	23	6	6	3	0	74
Girls ...	39	32	5	9	5	2	92
	75	55	11	15	8	2	166
Percent.	11.4	8.4	1.7	2.3	1.2	.3	25.3

In considering this Table, it must be remembered that these figures refer only to 656 children examined of two groups, namely, Age 7 and Leavers. The eyesight of the children in the Entrant Group was not tested for obvious reasons.

It is of interest to analyse the figures given, somewhat closely; in doing this one may pass over all cases with vision $\frac{6}{9}$. Here there is such a slight defect that in the majority of cases little or no improvement would follow treatment, and moreover I have little doubt that in many instances the apparent defect only arises from some inattention on the part of the child being examined.

Even with the 75 cases of slight defect excluded, there remain 91 children whose eyesight was defective enough to call for immediate remedy, the Table illustrates the proportions of the various degrees of defect, and shows as one would expect, that the numbers decrease when one comes to $\frac{6}{36}$ and $\frac{6}{60}$.

It will be noticed also that, generally speaking, the eyesight of the Girls is worse than that of the Boys; 53 Girls can see less than $\frac{6}{9}$ as compared with 38 Boys. The question arises whether this is purely an accidental occurrence, or whether, on the other hand, there is some obvious cause for this great difference. A further analysis of the figures would seem to indicate that the state of affairs is not entirely an accident, for one finds that the number of Girls with serious visual defect in Group Age 7 is less than that of the Boys; that is to say, when the educational work is of much the same character for both sexes. When, however, one turns to the later age of about 13 years, at which stage the education has become more specialised in the two sexes, one finds that the percentage of girls with serious visual defect is much greater than that of the boys of similar age, the two figures being Boys 18 or 2.7 per cent., and Girls 38 or 5.8 per cent.

It may be said, with some reason, that these figures represent only the result of a year's inspection. This is certainly true, and it is precisely for this reason that one hesitates to comment on the matter with undue certainty; at the same time, the difference is well worthy of consideration, and would lead one to the opinion that some enquiry might be made into the matter. I may say that on one or two occasions in going through the schools I have noticed girls sewing with their work held close up to their eyes. This is obviously a wrong method, and in these particular cases was unnecessary, for the child on being corrected held her work at a normal distance, and proceeded with it without difficulty.

OTHER DISEASES OF THE EYE.

These were as follows :—

Disease.	Boys.	Girls.	Total.
Convergent Strabismus	16	6	22
Divergent Strabismus	1	1	2
Blepharitis	7	15	22
Conjunctivitis	2	0	2
Nystagmus	1	1	2
Corneal Opacity	0	1	1
Other Diseases	1	3	4

The fact that Strabismus and Blepharitis are often associated with defects of vision will indicate the reason for their comparative frequency.

All cases of Conjunctivitis were excluded from school on account of the danger of infection, and were examined before their return to make sure of their fitness for school.

HEART DEFECTS.

Thirty-six children, 18 Boys and 18 Girls, were found to have Heart trouble to a more or less serious extent. Of these, 5, 2 Boys and 3 Girls—were in such a serious condition as to require that the attention of the parent should be called to the nature and extent of the defect. The teachers were also informed of the presence of the disease, and suggestions were made that physical exercises should be omitted or only be indulged in under supervision. As mentioned in the last report, serious heart trouble usually shows itself in such an unmistakeable manner that the parent becomes aware of the existence of the disease at an early stage, and takes steps accordingly to get the necessary advice and to keep the child away from school, so that only the less serious cases as a rule come under our notice in routine inspection. The value of Medical Inspection is well shown here, since it brings these slight cases to our notice, cases which, without the necessary warning, might proceed further and result in very serious effects.

RESPIRATORY DISEASES.

Under this heading one may include Bronchitis and Bronchial Catarrh, also cases of Lung affection referred for further and more thorough examination at a more convenient time than the routine medical inspection can possibly afford.

Dealing first with Bronchitis and Bronchial Catarrh, it is obvious that the incidence of these two conditions must be greater during the most severe weather, so that any comparison between the various schools examined at different seasons of the year would be useless. A word of explanation is perhaps necessary as to the precise meaning of these two terms. Bronchial Catarrh as here used denotes a somewhat severe cough; Bronchitis on the other hand refers to a more severe and perhaps more chronic condition, showing marked signs on physical examination of the chest.

63 children were found to be suffering from Bronchial Catarrh; of these 32 were Boys and 31 Girls, and by far the greater number were of the Entrant and Age 7 Groups. If the extent of the mischief called for interference, the parents were notified.

There were 7 cases of Bronchitis, 3 Boys and 4 Girls. In each case the child was examined more than once, and the parent was notified and advised to seek treatment. The School Nurse visited the home for this purpose.

Six children, or .56 per cent., were referred for further examination to the Inspection Clinic as being somewhat doubtful cases, possibly of Pulmonary Tuberculosis. They were examined several times at intervals, and two children, one Boy and one Girl, were finally diagnosed as Pulmonary Tuberculosis and notified as such by your Medical Officer. This is a percentage of .18 on the total number of children examined. Both children were much improved by the end of the year, and have now resumed school, as they are closed cases, and therefore there is little liability of infection. They are, however, still under supervision.

ANÆMIA.

The importance of the early recognition and treatment of Anæmia is being more and more recognised, principally because it is often, or rather usually, a symptom of some other more serious disease, for example Tuberculosis. It is necessary in all cases to search for the root cause of the trouble. In many instances it would seem that the search leads to nothing, because in spite of the most careful investigation and thorough elimination of ascertainable sources of adverse influences such as Septic Absorption from Carious Teeth or chronically inflamed Tonsils, one finds that the condition still continues. It is probable in many instances that the environment of the children is at fault, bad home surroundings, lack of suitable nourishment, and a woeful neglect of all the rules of Hygiene which are recognised as essential to a healthy existence, are a very potent cause of the trouble.

Of the 46 cases recorded, 16 were Boys and 30 Girls; these numbers give percentages of 1.4 and 2.8 respectively.

In all instances the children were specially examined and notices were sent to the parents with respect to all defects found; also, in all save the most trivial cases, special attention was drawn to the anæmic condition of the child, and a request made that medical attention should be obtained.

RICKETS.

As I mentioned in the last report, the cases of Rickets which come to our notice are not actually those of the disease itself, but are the after-effects of an attack at an earlier age. It is, therefore, to the Infant Welfare work, which is being so earnestly carried out in the Borough, that we must look for the prevention of Rickets and its crippling after-effetcs.

11 children showed signs of previous Rickets, and of these 7 were Boys and 4 Girls. In some cases the deformities were so considerable that one had no hesitation in recommending that the necessary operative treatment should be obtained.

ENLARGED THYROID GLAND.

As in previous years, one has to record that the prevalence of this condition is more considerable amongst the Girls than amongst the Boys, the number of cases and percentages being as follows:—Girls, 22 or 2 per cent.; Boys, 11 or 1 per cent.

In most instances the extent of the enlargement was slight, but there were a few cases which were so marked that it would have been expected that the parents might voluntarily have taken the trouble to seek advice. In these more marked cases the School Nurse visited the homes and explained to the parents the necessity of early treatment.

DEFECTS OF NERVOUS SYSTEM.

One child was found to be suffering from Chorea, and was excluded; a visit of child and parent to the Hospital resulted in the former being there and then retained as an in-patient.

Three girls were found to be suffering from Paralysis, in each case of one leg; this was undoubtedly due to an attack of Anterior Poliomyelitis. It is to be hoped that the steps which have recently been taken, by making the disease a compulsorily notifiable one, will result in a decrease in its incidence, and thereby the number of children condemned to a more or less crippled existence will become fewer and fewer as time goes on.

SKIN DISEASES.

The following were found during routine inspection:—

	Boys.	Girls.	Total.
Ringworm	1	2	3
Impetigo	6	5	11
Seborrhœic Dermatitis	5	6	11
Other Skin Diseases	2	2	4

All cases of Ringworm and Impetigo were excluded from school, and came regularly to the Inspection Clinic for further examination.

DEFORMITIES, CONGENITAL AND ACQUIRED.

	Boys.	Girls.	Total.
Deflected Septum Nasi	1	1	2
High Arched Palate	5	12	17
Genu Valgum	3	0	3
Curved Tibiæ	3	0	3
Hernia	1	0	1
Scoliosis	0	2	2

OTHER DEFECTS.

	Boys.	Girls.	Total.
Scars of Injuries, Burns, &c.	10	3	13
Injuries	2	3	5
Chronic Rhinitis	24	15	39
Chronic Pharyngitis	2	2	4

SCHOOL INSPECTION CLINIC.

During the past year the Inspection Clinic has continued. It undoubtedly supplies a necessary link in the system, without which it would be impossible to supervise in the least degree children who are absent from school on account of illness.

The various sources from which the children are sent were detailed in my last Annual Report, so do not need repetition.

During 1913, 521 children were seen at the Clinic, and they paid in all 2,770 attendances. This figure is slightly larger than that for 1912; in fact our experience is that the numbers are growing rapidly.

After much trouble, it has been possible to combat the almost universal idea that the School Medical Officer and the School Nurse are available at all times and seasons, and now the children are attending fairly regularly at the times arranged on Tuesday afternoons and Saturday mornings. Urgent cases such as those of doubtful Infectious Disease are seen at any time.

The following Table shows: (1) The experience of the commoner diseases; (2) the number of cases; (3) total time lost, in days; and (4) average time lost in days. This will perhaps serve to give some idea of the great monetary loss sustained by the Authority, not to mention the educational loss to the individual children, owing to the incidence of so-called Minor Ailments.

Table IX.

SCHOOL INSPECTION CLINIC.

Table of Commoner Diseases, showing Number of Cases, also Total and Average Absence from School.

Disease.	Cases.	Total time lost. In days	Average time lost per case. In days.
*Ringworm (Head)	47	6585	140
Impetigo	105	1606	15
Pre-Tuberculous Conditions	16	1543	96
Debility	29	1042	35
Anæmia	13	754	58
Ringworm (Body)	29	621	21
Rheumatism	15	612	40
Colds, &c.	25	499	19
Gastric Conditions	28	499	17
Bronchitis, &c.	21	391	18
Enlargement of Cervical Glands	10	347	34
Sore Throat	48	318	6
Eye Diseases	13	251	19
Other Skin Diseases	10	221	22
Ear Diseases	10	203	20
Injuries	11	146	13
Scabies	5	143	29
Miscellaneous	42	584	14
Total	477	16375	34·3

N.B.—These figures do not include cases of Whooping Cough, Diphtheria, Measles, and Mumps.

Reference to the above Table will serve to show that the 477 children were absent from school for 16,375 days, or 45 years 150 days, giving an average of 34.3 days per child. These figures overstate the actual time lost, since it would not be possible, without a great deal of calculation, to deduct holidays.

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* Some of these cases were carried over from 1912 and have been absent from school for more than 1 year.

RINGWORM.

It will be quite evident from the above statistics that a very considerable amount of School Attendance is lost by the prevalence of Ringworm amongst our schoolchildren. In taking this skin disease into consideration it must be remembered that these figures considerably understate the time lost, because some of the children were affected at the beginning of the year 1913, and others were unfit for attendance at school at the end of the year, and in fact are still away at the time of writing.

15 of the cases were absent from school on account of Ringworm for more than six months, and of these one was suffering from the disease at the commencement of the year 1913, and was still in the same condition at the end of the year, whilst another only missed doing the same by six days.

It is obvious from these facts that the efficient treatment of Ringworm is, as all are aware, a most difficult procedure; in fact is not within the reach of the parents of our schoolchildren. The sources of treatment remain the same as before, namely, Private Medical Practitioner, Hospital or Dispensary, Druggist, or Home Treatments as various as they are astounding. But in spite of these facilities for treatment, which in many cases have all been tried in turn, the disease usually remains. What treatment can be recommended as certain? There appears to be only one answer to the question, X-Ray applications, and it is to this method that one must look for the reduction of the period of absence from school.

This question is now under the consideration of the Authority, and it is to be hoped that they will see their way to arrange for the supply of this treatment, since there appears to be no other way in which it can be obtained.

IMPETIGO.

This term, as one uses it here, includes a group of skin conditions, namely, all cases of septic sores, and denotes a disease which in the ordinary way is very easily cured by cleanliness and constant attention.

The fact that the average period of exclusion of the 105 cases of this disease was 15 days is a rather serious one, and calls for some consideration. The condition is usually an eminently curable one, and yet, one finds that children were excluded on account of this ailment for prolonged periods such as 74, 60, 56, and 43 days; in fact, 21 children were each away from school for three weeks or more, whilst 37 were excluded for more than two weeks. There is only one conclusion to be drawn from these figures, seeing that 7 to 10 days at the outside should suffice to cure all but the most stubborn cases, and that is, that the present arrangements have failed utterly to cope with this objectionable condition. The reason for this is fairly obvious, and there is no doubt that any treatment must include frequent supervision, such as only a School Clinic provides, if the period of exclusion is to be reduced to a reasonable length.

OTHER CONDITIONS.

Amongst the other diseases mentioned in the Table, one may perhaps refer to Pre-tubercular Conditions, Debility, and Anæmia. It is recognised that any child suffering from these complaints is a possible subject for Phthisis or other Tuberculous Conditions, and this being the case, it behoves one to be constantly on the watch, and to use every possible means to prevent such conditions arising as might favour the onset of these diseases. It is for this reason that the children are excluded from school, and every effort made to induce the parents to give their ailing children the vital and primary necessities of fresh air and nutritious food. In several instances during the past year it has been possible to enlist the aid of the Sunshine Outing Fund, and children who were obviously in need of the change were sent away to Harbury. I feel sure that if the donors of the subscriptions to this deserving object could only see the immense improvement in some of these children, they would feel well repaid for their kindness.

THE WORK OF THE SCHOOL NURSE.

The School Nurse has continued her work as before, and it is no exaggeration to say that, without her willing and sympathetic help, it would have been impossible to carry out much of the work mentioned in this Report.

The following is a bare statement of the work she has done:—

Visits to Schools	482
Visits to Homes	1,943
Number of children examined for Verminous Conditions	4,605

VISITS TO SCHOOLS.

These visits are for various purposes: To assist at the Medical Inspections, to obtain information as to Infectious Diseases, and to examine children for Verminous Conditions. The teaching staffs evidently realise the value of her work, as they do not hesitate to send for her when in any difficulty as to the physical condition of the children under their charge.

VISITS TO HOMES.

It is to these visits that one must in many cases attribute our success, such as it is, in obtaining treatment for children in need of it, and it is only by the sympathetic explanation to the parents of the necessity of such treatment that one can hope for its being carried out. This section of our work is one capable of much extension, but in the present state of affairs I fear that this is impossible, as the Nurse, who it must be remembered also acts for the Health Committee, has not time to devote to it.

CHILDREN EXAMINED FOR VERMINOUS CONDITIONS.

Owing to many complaints, both by teachers and parents, it has been deemed advisable for the Nurse to pay surprise visits to the various Schools for the purpose of examining all the children attending. The duties entailed by this extension of the work are extremely disagreeable and nauseating, and when one adds to this the abuse which the Nurse receives from parents in many instances, one can understand and appreciate to some extent the value of the work which is done under such conditions.

During the past year it has only been possible, owing to pressure of work, to examine children at school departments whence complaints have arisen. The following Table is the outcome of such visits.

TABLE X.

RESULTS OF SCHOOL NURSE'S SURPRISE VISITS TO SCHOOLS RE VERMINOUS CONDITIONS.

SCHOOL.	DEPARTMENT	HEAD.		BODY.		TOTAL EXAMINED
		Vermin	Nits	Vermin	Bites	
CLAPHAM TERRACE	Boys	3	5	4	11	168
	Girls	21	60	8	7	207
	Infants	8	18	2	4	196
LEICESTER STREET	Boys	—	2	6	4	25
	Girls	10	28	1	17	264
	Infants	15	24	4	13	273
MILVERTON ...	Boys	—	2	—	—	140
	Girls	11	13	—	—	176
	Infants	4	10	—	2	94
SHRUBLAND STREET	Boys	4	2	8	3	347
	Girls	7	32	5	12	417
	Infants	9	14	13	8	326
LILLINGTON (C.E.)	Infants	—	2	—	—	20
BATH PLACE (C.E.)	Boys	4	2	6	2	20
	Girls	3	—	1	—	8
	Infants	6	12	1	5	80
ST. PAUL'S (C.E.)	Boys	2	4	—	4	134
	Girls	21	30	3	7	154
	Infants	9	16	1	5	160
ST. PETER'S (R.C.)	Boys	—	4	10	8	47
	Girls	44	54	6	7	182
	Infants	6	22	4	20	96
TOTALS ...		187	356	83	139	3534

The results of these surprise examinations undoubtedly illustrate the necessity for the work, and at the same time indicate a state of affairs that seems almost inconceivable in such a town as this.

The question now arises as to what are our powers in dealing with Verminous Conditions. In the first place, the children can be excluded from school and not allowed to resume attendance till such time as they are cleansed. This procedure has been followed in all cases where vermin were present; frequent re-examinations have been necessary before a reasonable state of cleanliness has been attained. Our difficulty arises from the fact that the children often revert to their former filthy state as soon as supervision is relaxed.

In certain cases the aid of the National Society for the Prevention of Cruelty to Children has been sought, and in three instances proceedings have been taken and have resulted in convictions. The effect of these prosecutions has been most marked, the children afterwards being in a much improved state. Several other parents were warned by the Society's Inspector. It is quite possible to deal in this way with the more serious cases where children are suffering obvious injury to health; but there remain others perhaps not quite so neglected, but yet in such a state as to be unfit to attend school.

The Children's Act of 1908 gives powers for dealing with Verminous Conditions under Section 122, and also enables the Local Authority to cleanse Verminous Children. It states that if, after such cleansing, the child is again allowed to get into a Verminous Condition, then the parent or guardian or other person shall be liable, on summary conviction, to a fine not exceeding ten shillings.

From this, it would seem necessary to prove that the Local Authority had by its officers cleansed a child once, and that child had been again allowed to become verminous, before one could hope to succeed in proceedings under this Section of the Act. It must be conceded, therefore, that the provision of a Cleansing Station is essential to any effective campaign against Verminous Conditions, and especially if any use is to be made of the Children's Act.

INFECTIOUS DISEASE.

The past year has an unenviable record with regard to infectious disease, a total of 645 children having been excluded from attendance at school by reason of its incidence.

The following Table shows the incidence of the various infectious diseases according to the months. The year opened badly with an epidemic of Measles which had been raging during the last month of 1912, and this epidemic increased during January, only to fall to comparatively small proportions during February. Also in January there was a considerable prevalence of Whooping Cough, and again in February there were practically no cases. These facts account for 270 cases out of a total of 645 during the whole year.

TABLE XI.

CASES OF COMMUNICABLE DISEASE EXCLUDED FROM SCHOOL. JANUARY TO DECEMBER, 1913.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTALS.
Scarlatina... ...	5	3	2	...	1	1	...	3	12	26	11	7	71
Diphtheria ...	1	...	...	...	2	...	5	2	2	5	4	2	23
Whooping-Cough	40	1	2	1	2	7	16	12	7	2	1	...	91
Measles	187	18	11	1	5	2	...	...	...	...	...	...	224
Mumps	1	1	...	...	3	...	...	...	...	...	...	...	5
Chickenpox ...	21	3	4	3	3	1	...	...	...	1	...	1	37
Ringworm ...	9	7	16	7	12	13	2	2	5	3	8	3	87
Impetigo	6	6	6	16	5	16	10	4	5	12	14	7	107
Scabies	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS	270	39	41	28	33	40	33	23	31	49	38	20	645

The last four months of the year were notable for a considerable epidemic of Scarlet Fever; this was practically confined to children attending Shrubland Street Infant School and their immediate contacts.

Diphtheria during the last six months of 1913 was somewhat more prevalent than usual; in this instance the children attacked were mostly in attendance at Clapham Terrace School.

At both Clapham Terrace and Shrubland Street Infant Schools the premises were disinfected during the holidays, and, in fact, it has been the rule to disinfect as early as possible all class-rooms which have been occupied by any case of infectious disease.

All contacts of any case of Diphtheria have been swabbed before being allowed to attend school, and the children sitting in the immediate vicinity of the affected child have also been swabbed.

The arrangement whereby the teachers notify to the Medical Officer of Health any suspicious case of infectious disease has been continued during the year, and been of undoubted advantage. I would urge on every teacher the necessity for prompt notification of these conditions, as thereby we are enabled to visit, and so have early information of any infectious illness that might prejudicially affect the health of the School.

SCHOOL CLOSURE.

The following schools were closed on the recommendation of your Medical Officer:—

Whooping Cough.

Bath Place (C.E.) Infants' Department, for 3 weeks from January 21st.

Scarlet Fever.

St. Peter's (R.C.) Girls' and Infants' Departments, for 3 weeks from March 12th, 1913.

Shrubland Street Infants' Department, for 4 weeks from September 29th, 1913.

Measles.

Lillington (C.E.) Infants' Department, for 3 weeks from May 6th, 1913.

It has been stated on one or more occasions other than the above that schools should be closed on account of the prevalence of infectious disease. I would point out that there are two sides to this question. Undoubtedly the closure of schools may in certain instances diminish the chance of infection; on the other hand, the early knowledge of the occurrence of cases of infectious disease, which is so essential to the control of epidemics, is absent. This is specially marked when one is dealing with epidemics of non-notifiable infectious disease. One is then absolutely dependent on information supplied by the teachers. This information is naturally wanting when the schools are closed.

TREATMENT.

The test of the efficiency and successful working of any scheme for the Medical Inspection of School Children must always be sought in the total number, or rather percentage, of defects, which after discovery are remedied. It is for this reason that I have devoted a special section of this report to the discussion of the available sources of treatment and the advantage which the parents take of any treatment so offered.

The sources of treatment during 1913 remained much as in the past, namely, (1) Private Medical Practioner; (2) Provident Dispensary; and (3) The Warneford Hospital. These agencies have done much valuable work in alleviating the defects in many of our school children.

The following Table (Table XII.) shows the amount of work of a remedial nature which has been carried out as the result of our representations. It is not, however, to be assumed that even this proportion of defects has been remedied without considerable pressure being exerted on the parents; on the contrary, in many instances several visits or notices have been necessary before the desired end could be obtained, and too much credit cannot be given to the School Nurse (Miss Pierce) for the excellent work she has done in this direction.

A series of cards have been adopted, which are sent to the parents. These cards notify the existence of a defect, and explain in simple language the reason and necessity for treatment. The cards are six in number and refer to the following conditions:—Decayed Teeth, Slight Defect of Vision, Serious Defect of Vision, Enlarged Tonsils and Adenoids, Slight Verminous Conditions, and Serious Verminous Conditions; the two last also give instructions as to the most effective means for cleansing and removal of vermin. For all other defects a personal letter is sent to the parents.

TABLE XII.

NUMBER OF REQUESTS FOR TREATMENT SENT TO PARENTS AND NUMBER COMPLIED WITH.

	Slight Defective Vision.		Serious Defective Vision.		Extensive Dental Caries.		Enlarged Tonsils and Adenoids.		Ear Defects.		Various Defects.		Total Notified.	Total Remedied.	Per Cent. Remedied.
	Notified.	Remedied	Notified.	Remedied	Notified.	Remedied	Notified.	Remedied	Notified.	Remedied	Notified.	Remedied			
Clapham Terrace	2	0	9	2	17	4	21	12	4	1	9	5	62	24	38·7
Leicester Street	12	5	11	4	8	2	14	11	4	2	8	5	57	29	50·8
Milverton ...	2	2	5	0	7	3	12	9	4	0	8	5	38	19	50·0
*Shrubland Street	4	3	6	1	17	1	8	3	2	2	4	3	41	13	31·7
Lillington (C.E.)	3	1	2	2	3	0	1	1	0	0	0	0	9	4	44·4
*Bath Place (C.E.)	2	1	3	0	7	0	5	1	1	0	4	2	22	4	18·1
St. Paul's (C.E.)	4	1	3	2	7	0	2	0	0	0	1	1	17	4	23·5
St. Peter's (R.C.)	3	0	5	2	7	2	10	6	0	0	2	2	27	12	44·5
Wesleyan ...	2	0	0	0	0	0	4	4	0	0	0	0	6	4	66·6
Totals ...	34	13	44	13	73	12	77	47	15	5	36	23	279	113	40·5
Per Cent. remedied	38·2		29·5		16·4		61·0		33·3		63·8				

* These two Schools were not inspected till the end of the year, so there has not been the same opportunity as with the others for the remedy of defects.

The above Table is, as far as I am aware, the first which has been prepared actually to show the extent to which parents follow the advice given, and is undoubtedly of great interest; a further study of it will, I think, be of some value.

The first fact of importance is that of all defects notified 40.5 per cent. were remedied. This proportion is a good one, having regard to the facilities provided; I do not, however, wish to be misunderstood. I say the proportion is a good one, but I, like all other workers amongst school children, am of opinion that efforts must be made strenuously to increase this proportion. One must not be satisfied until every child receives the medical attention necessary to ensure that physically it shall be in the best possible condition to receive the instruction provided. The question as to how such medical attention shall be provided may be open to much difference of opinion, but I think no objection can be raised to the somewhat self evident proposition, that all children suffering from any disease or disability shall be able to obtain relief.

With respect to the most serious defects found, relief can be and is obtained from the private practitioner or the various institutions in the town. Parents seldom hesitate to take their children for advice as to the more serious conditions, and there is no doubt that the attention received is such as could be afforded in no other way. At the same time, it must be recognised that the reason for the large number of children who do not receive treatment is not solely lack of opportunity. Many parents will not trouble to take advantage of the opportunities offered to them. As I mentioned above, this does not apply to what the parent recognises as serious conditions, but does apply most especially to other conditions regarded lightly by the parent, but recognised to be of most serious importance by others who are less ignorant. I refer to such defects as Carious Teeth, Discharging Ears, and Defects of Vision.

A further reference to Table XII. will prove the points here stated. On the bottom line are the percentages of cases remedied with reference to each defect, and comparison shows that the lowest figure is that of Dental Caries 16.4 per cent., whilst Ear Defects and Defective Vision each show

33·3 per cent. It is interesting to contrast these figures with those for Enlarged Tonsils and Adenoids and also for Various Defects, which are respectively 61 per cent. and 63.8 per cent. I must say that I am somewhat astonished at the readiness which parents show to have Tonsils and Adenoids removed. It certainly is most satisfactory, and indicates that they are beginning to appreciate the facts which have been so constantly laid before them as to the evil effects of Chronic Nasal Obstruction.

The term Various Defects includes many serious conditions such as Heart and Lung trouble, and as explained above these do receive the prompt attention of parents.

DENTAL DEFECTS.

Dental Defects, as shown, received least attention, and it must be remembered that the defects notified are all of the most serious type. One has not taken into account the other children with less extensive caries; these amount to over 600. Looking at it in another way, all cases notified to parents had teeth in such a condition of decay that one could quite believe that the dentist would despair of any treatment save extraction; on the other hand, the cases which were not notified to parents might have been reasonably treated by more conservative methods if facilities were available, and they undoubtedly would repay any expenditure of time necessary.

One may be asked, therefore, why are not notices sent to the parents of the 600 children with less serious dental defects? The answer is that the sources of dental treatment are so small in comparison with the amount of work this would entail, that one deemed it better to attempt to deal only with children who are obviously suffering seriously from their dental condition in the hope that these, at any rate, might receive attention. The way in which this hope has been fulfilled is given above, 16.4 per cent remedied.

What are the sources of treatment? They are Private Dental Practitioner, Warneford Hospital, and the Provident Dispensary; the two institutions give dental treatment on one half day weekly each. It is obvious from this that the institutions already established cannot treat all these cases, and that being so there only remains one alternative method by which this problem can be tackled, and that is by the establishment of a Dental Clinic.

EYE DEFECTS.

The case for the establishment of an Eye Clinic is not, in my opinion, so well shown. All parents who have received notice that treatment is necessary, if they have followed the instructions given, have obtained treatment. The reason why the percentage of defects remedied is so small is accounted for by the ignorance and apathy of parents, and not by the want of proffered treatment. If the present facilities for treatment were refused, then there would be no doubt about the necessity for the Authority undertaking the work, but as long as the present arrangement holds it is quite satisfactory.

MINOR AILMENTS.

This term includes such conditions as Ringworm, Impetigo, Scabies, and Slight Injuries. The question of the treatment of these Minor Ailments has been dealt with to some extent in the section devoted to the School Inspection Clinic, so that it does not call for much comment here. I would again lay emphasis on the fact that, for the want of expenditure of a small sum annually, cases of so-called Minor Ailments drag on for weeks, and often for months, with the consequent loss of much Grant to the Authority. These are cases such as might readily be treated by the Private Medical Practitioner, I agree, but the parents in many cases cannot afford such treatment; on the other hand, suitable attention cannot be obtained at the Hospital or Dispensary, the reason being that they are not in a position to offer the daily and somewhat personal attention necessary which alone constitutes the treatment of these conditions. Moreover time spent on such comparatively trivial conditions as these cannot but help, in the crowded Out-Patient Departments of our Hospital, taking away attention from more serious cases.

VERMINOUS CONDITIONS.

The extent to which this pest affects the children in the schools of this Borough is shown in the section of the Report devoted to the work of the School Nurse, and I am sure that it will be admitted by all who will take the trouble to read that section that such an undesirable and easily preventible condition should be treated and suppressed with a firm hand. The mere fact that children are forced to attend school, and therefore in certain instances a clean child is placed next to another in a verminous condition is, I think, a strong argument in favour of some means whereby a more cleanly state of the individual child may be obtained, from which will naturally follow a general improvement in the standard of cleanliness in our schools.

GENERAL CONCLUSIONS.

After the experience that one has now had of the extent to which treatment is obtained, the conclusions are as follows:—

(1) That for all serious conditions the children can get the best and most satisfactory attention; this statement applies also to the treatment of Nasal Obstruction and Defective Vision.

(2) For Minor Ailments and Dental Defects the present arrangements have failed to cope with the number of cases found.

(3) For Verminous Conditions there is no treatment at present, and we can hardly hope for the mitigation of this blot on our schools until some means for forced cleansing is provided.

The question of the provision of these remedial measures combined in a School Clinic is now under the consideration of the Committee, and it is to be hoped that they will see their way to provide such facilities for treatment as are essential to the completion of the general scheme for the Medical Supervision of the children in our Schools. The work cannot be carried to its logical conclusion until the discovery of a defect is followed by its early alleviation, and the provision of treatment when required is the first step in this direction.